PART B- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

> Or Fax (571) 273-2885

1374.20289RC6

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All Further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 10/02/2007

ANTONELLI, TERRY STOUT & KRAUS, LLP 1300 NORTH SEVENTEENTH STREET **SUITE 1800**

ARLINGTON, VA 22209-3873

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying Papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope Addressed to

the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)

					(Signature)
					(Date)
ı	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTO	R ATTORNEY DOCKET NO.	CONFIRMATION NO.

		FILING DATE FIRST NAM					NFIRMATION NO
09/704,529 11/03/2000		Hisashi Maejima		501.2	0289RC6	5458	
TITLE OF INVENT AND THE CUT-A			D BEND PORTIONS I	N THE JOINT RE	GIONS BETW	EEN THE CONTOUR C	F THE WAFER
APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	E PREV. PAI	ISSUE FEE	TOTAL FEE (S) DUE	DATE DUE
Nonprovisional	NO	\$1440	\$0		60	\$1440	01/02/2008
	EXAMINER		ART UNIT	CLASS-S	UBCLASS		
	PHAM, LONG		2814	438-7	759000		
"Fee Address" PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME. PLEASE NOTE: Unit	R, alternatively, indication (or "Fee Add or more recent) attache AND RESIDENCE DAT ess an assignee is iden	ed_ Use of Customer FA TO BE PRINTED ON T	HE PATENT (print or type) data will appear on the patent		ngle firm (having red attorney or a up to 2 registers ts. If no name is	gent)	rinted.
(A) NAME OF ASSIC	SNEE		(B) RES	IDENCE: (CITY and S	TATE OR COUNTR	Y)	
(A) NAME OF ASSIC		COPP		IDENCE: (CITY and S	TATE OR COUNTR	Υ)	
(A) NAME OF ASSIC	ECHNOLOGY	CORP.	TOP	IDENCE: (CITY and S (YO, JAPAN Individual		Y) other private group entity	Government

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if States p

Authorized Conneture	/Ronald Shore/	Date: OCTOBER 12 200	7	

Registration No 28,577

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and Submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent tot eh Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comerce, P.O. Box 1450. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Typed or printed name Ronald J. Shore